

Summary Minutes

Emergency Medical Services Regulatory Board

Executive Committee Meeting
Wednesday, October 28, 2011, 10:00 a.m.
2829 University Avenue SE
Minneapolis, Minnesota

<u>Members Present</u>	<u>Guests</u>	<u>Staff Present</u>
Kelly Spratt, Chair Paula Fink-Kocken, M.D. Pat Lee Kevin Miller (by phone) Gary Pearson	Suzanne Gaines Clif Giese Joe Glaccum Brad Hanson Chris Kummer Paul McIntyre Scott Reiten Ron Robinson Bill Schmitt Bill Snoke Gordon Vosberg	Pamela Biladeau Melody Nagy Robert Norlen (by phone)

I. Call to Order

Mr. Spratt called the meeting to order at 10:04 a.m.

II. Approval of Agenda

Dr. Fink-Kocken moved approval of the agenda. Mr. Pearson seconded. Motion carried.

III. Approval of Minutes

Mr. Spratt said he had a question about the minutes from February 23 regarding \$24,000 for IT needs for next two years. What is this needed for? He said that there should also be a correction on page 2 under communication issues – last sentence – “electronic” change to “emergency”. Mr. Pearson said that we were discussing the budget for IT and I do not think this is a firm number. Mr. Lee moved approval of minutes with changes. Dr. Fink-Kocken seconded. Motion carried.

Mr. Pearson moved approval of the May 12, 2011 meeting notes. Mr. Miller seconded. Motion carried.

IV. Patient Transport and Reported Information

Ms. Biladeau said that Dr. Thomas sends her apologies that she could not attend the meeting today. He said this was discussed at the September 9 Board meeting. The discussion was about improvement of communication between the ambulance and the hospital. It was referred to the Legislative Committee and the recommendation was to not pursue legislation regarding sharing data and have more discussion before this would move forward.

V. Radio Communication Plan Discussion

Mr. Spratt said there are questions about what is needed to update the 2007 document.

Mr. McIntyre said that this started as looking at the transition to 800 Mhz. Counties and the state is doing different things. Different regions are doing different things. Two years ago at the ARMER conference we discussed the future of EMS communications. We want some common ground for communications throughout the state. We met and created the EMS Best Practices document. We provided information to ambulances and hospitals and are creating information for public health. We are working with the regions. We have information that the hospitals are willing to fund the transition to 800 Mhz by purchasing equipment. We have radio frequencies ready.

We need to look at what can be done for communication throughout the state. We will have a talk group available to relay information to hospitals. On the hospital side we needed to have a link for ambulances to the hospital. Usually it is by cell phone. We have created a cross patch for communication. This will allow for roaming. Ambulance services have multiple pathways to assure communication.

Mr. McIntyre commented that there was friction between the radio board and what the EMSRB was discussing. We want to move forward with a statewide plan.

Mr. Glaccum said that there has been information reported that we support ARMER only but at our meeting yesterday we discussed VHF communications. The plan put together by the EMSRB in 2007 was a forefront for what is happening now. We need to support the plan and not have outdated policies. We do not want to take away the authority of the board. We want to communicate to ambulance services that you must abide by a plan. This is not limited to just EMS and hospitals.

Mr. Spratt thanked the guests for their presence today. Ms. Biladeau and I discussed that we need to represent the entire state. We are not interested in having staff duplicating work. We need to discuss how to make a legislative change or whatever is needed to accomplish our mutual goal.

Mr. Miller said that the legislation was being discussed a couple years ago and we were trying to repeal old rules. We wanted to point to the radio plan as approved by the board. We acknowledge that this not the plan that is needed. We did not intend to recreate the activity of the radio board. The radio board cannot enforce out of state requirements. The EMSRB can. We must have the regulatory component. We have to assure agency compliance. The plan is to repeal old rules and then revise the radio plan.

Mr. Glaccum said that the radio board does not have authority over out of state ambulance but the board does. We do not want to take authority away from the board. We want to stop the duplication of efforts. It is impossible to comply with the numerous plans.

Mr. Robinson suggested that Minnesota Rule 4690.1900 must be changed to point to the current ARMER plan that resides in the emergency communication network. This will not change the authority of the board.

Mr. Spratt asked if the entire state has 800 Mhz now? Is this available in the rural areas? Do we need duplicate systems? Is this cost prohibitive? Mr. Glaccum said we do not have 800 Mhz in rural areas. We want to have coverage in every county. This is a decision in each county. There needs to be dual systems or patching capabilities. The system is not

completely built. When ready it will be an incredible system. Our intent is not that everyone is on ARMER. It is that everyone must be able to communicate.

Mr. Norlen said that he wanted to acknowledge the work done by the ad hoc work group to develop the plan. This is an excellent document and we need to make sure that ambulance services have this information and use this document when transitioning to 800 Mhz.

Mr. Norlen said that in the interoperability plan it refers to codes that the statewide communications should be updated. I agree that we do not want to duplicate this work. Staff has been participating in this committee. The EMSRB understands the need to update the radio plan and then we would have one document that covers VHF and 800 Mhz. Some ambulance services are transitioning and some are not. Both systems will need to communicate. Having one plan would be helpful to providers.

Mr. Glaccum said the VHF plan is in existence. We should not be locked into a plan that we need to change every 10 years. The statewide radio plan standards are modified. Communications has expanded to include police and fire. We need a best practice guide and standards but not rolled into one document.

Mr. Miller said that he agreed with Mr. Glaccum. We need references to the plan. What we have done legislatively is to repeal the language. "the ambulance must be equipped with two way radios ..." Whatever this plan looks like is up to the board. We need this to be easy to follow. We do not want to change the language to refer to the radio board. We need set standards for patient care. We need standards in how we speak to each other.

Mr. Spratt asked if the board has had problems with non-compliance from ambulance services. Mr. Norlen said no. Mr. Glaccum said that if you go by the letter of what is written everyone is in violation. Mr. Norlen disagreed and said that the metro region is in compliance. We want to repeal the rules and refer to the radio communication plan and then that plan can be updated.

Mr. Glaccum said the radio board is the one agency that is striving to have compliance and one plan. This was discussed at the meeting yesterday.

Mr. Spratt said we need a core document that can be updated regularly we do not want to cut and paste. There are no objections to the end result we need to discuss how we can move forward. The radio group is willing to make modifications to a document for the Executive Committee to review.

Mr. Glaccum said that we do not need to come up with language. We want consensus that agencies must comply with the guidelines as provided. We have the document ready to present.

Mr. Miller asked if the radio board would object to the current language. You are looking for the EMSRB to be included in the legislative language. Mr. Glaccum said that you can refer to a set of standards that point to an agreed document. Mr. Miller said it depends on how you word the language. The EMSRB has no seat on the radio board. Mr. Glaccum agreed. MAA has two seats and the committee is 1/3 state 1/3 metro 1/3 outstate to have a balance. We cannot accommodate every agency.

Mr. Robinson suggested that the radio board has this authority over radios. We do not want to take authority away from the EMSRB. We want the EMSRB to be involved. 31 ambulances in the metro are not in compliance. We need this authority in licensing. We need proof that services are in the interoperability plan. We want to point to the standard.

Mr. Hanson suggested we need to pull the items out and add them to the ambulance inspection checklist. You cannot only have cellular communications. The EMSRB would still have their authority.

Mr. Miller asked if a private group would be allowed to be involved in a public safety agency. Mr. Glaccum said that we would allow this. We discussed this with North Memorial. The definition became public safety and public service not just government only. They would be eligible under our standards.

Mr. Spratt asked if there would be benefit to having EMSRB representation on the radio board. Can this be changed? Mr. Glaccum said that the radio board membership will not change. He said that EMS is well represented by the current members. The mission of the MAA and the EMSRB are aligned in this effort. Mr. Schmidt (of MDH) said that we participate on a sub-committee.

Mr. Spratt asked that staff review the language that exists and bring recommendations to the Executive Committee for further discussion and have a final recommendation for a vote on November 17.

Mr. McIntyre offered to provide language and said that their next committee meeting is December 16. This meeting is open to the public and we will provide language for the EMSRB. We have agreements with 71 of the 87 counties to move to ARMER. We have agreement for interoperability communications. The majority of hospitals are not planning to maintain VHF narrow band in the future. We know there needs to be interoperability. We need to look at the future communication with the hospitals. Cell phones cannot be the only or primary communication. We have created the talk groups to have communications available guaranteed. We need to look at the future. How will communication be used in the future?

Mr. Hanson said that there is not a state statute for hospitals to have radios or maintain equipment. We are trying to provide grant dollars to hospitals to move to 800 Mhz. We are encouraging this activity throughout the state. We are encouraging the Minnesota Hospital Association to pursue grant dollars for emergency preparedness efforts.

Mr. Miller said that we have forced the hospitals to upgrade so that they can provide online medical direction. We are on a tight timeline for proposing legislation for this year. Mr. Miller offered to work with staff and members of the radio board to propose legislation. We need to move quickly on this. Mr. McIntyre said that we can provide language as soon as possible. We can have a phone conference. We want consensus language. Ms. Biladeau will coordinate setting this meeting.

Mr. Miller moved that the ad hoc group work on communication language move forward to the Legislative Committee for inclusion in the legislative packet. Dr. Fink-Kocken seconded.

Mr. Norlen asked about hospitals having radios. Is MDH planning on moving language forward to have hospitals have radios and have interoperability? Mr. Schmidt said that he will be discussing this at MDH. Mr. Schmidt said that there are grant requirements for CDC that local hospitals are scored by communications. It is to a hospitals advantage to be in compliance.

Mr. Kummer said we want to point to the standards and practices of the statewide radio board.

Mr. Pearson said we need to make sure that the ambulance service complies with the standards. We need to talk about operational issues. Mr. Glaccum said that the enforcement stays with the state. The standards are at the radio board. We need to have one document. There will not be the 2007 radio plan. Ambulance services will be able to comply with the radio plan.

Mr. Lee said we have a good working relationship with MAA and we could invite MAA members to the Executive Committee meetings to provide radio communications updates.

Ms. Biladeau said that I hear the need for having interoperability. What I would like help with is how to implement the plan because the ambulance services may have costs involved in a compliance schedule. We need to work with our partners. Mr. Glaccum said that you migrate to the system or have VHF and you must have a minimum amount of communications available. We recommend ARMER, but this sets the minimum requirements. A narrow band VHF radio is required. Small ambulance services are receiving information from regional radio boards.

Mr. Miller asked who enforces this at the county level. Mr. Glaccum said that the state radio board does. It is the regulatory part that we need from the EMSRB and that is what the EMSRB needs to communicate. These are the minimum requirements in Minnesota. Mr. Glaccum said that everything in the plan will be in the standards at the radio board. EMS currently has two seats on the radio board through MAA.

Motion repeated and passed.

VI. MRCC Contract

Ms. Biladeau said that with the new “SWIFT” system we have had changes in language and processes to the contract. It was signed this week and will be moving forward. Please feel free to contact me with questions.

Mr. Miller left the meeting.

VII. Regional Review Committee

Ms. Biladeau said this is information for persons interested in applying to participate on the regional review committee. Mr. Lee said that it is interesting to assist them in the update of their plans.

VIII. 2012 Board Appointments

Ms. Biladeau said that we provided information on board positions up for appointment in January 2012. This is governor appointed. You can apply in these ways. There are five

positions open. Mr. Miller said that he is not seeking another term. Ms. Biladeau suggested members consider encouraging applicants who might be a good fit for the upcoming goals and work of the Board. Applications are open until November 29.

Mr. Spratt asked if other members intend to reapply. Ms. Biladeau said yes I understand that they do.

Ms. Biladeau said that the metro EMS program representative position will be open. We need to maintain a balance of metro and non-metro members.

Mr. Spratt said members should encourage interested persons to apply. We need to move forward on our work plan. What are we focused on? What is the intent of the EMSRB? There was a wide range of survey results about the purpose of the board. We need to discuss this issue. We intend to do some planning in the New Year. This is a good time to move forward with our future planning.

IX. DPS 408 Grant

Ms. Biladeau said this is a grant that we have been discussing for an analyst position to look at reports in the MNSTAR system. The analyst would work with ambulance services to determine their needs to see how the system is working and to work on system improvement. Ms. Biladeau asked for a motion to move this forward. Mr. Spratt said that this has been discussed with Dr. Satterlee. Ms. Biladeau said this would be funding for a one year position with the ability to be approved for a second year.

Mr. Pearson asked how this differs from the data position. Ms. Biladeau said that this is a recommendation from Dr. Satterlee to provide assistance to ambulance services in using their data. This can also provide information to STAC and other groups. This is a good fit with the prehospital care data workgroup. This will help to make MSNTAR more robust.

Dr. Fink-Kocken moved that we accept this position. Mr. Lee seconded. Mr. Lee asked how this will be advertised. Ms. Biladeau said it will be advertised through the state system. Mr. Lee said that as a regional person this employee should be involved with the RTAC meetings.

Dr. Fink- Kocken said that the person will coordinate with EMSC for pediatric data. Ms. Biladeau said that under performance measures we intend to open this up and have a report with several other groups to discuss sharing data. Mr. Spratt and I discussed being inclusive with other groups. Mr. Pearson said that this is a good avenue to utilize data.

Vote: motion carried.

X. Chisago and Isanti County Request to Join the Metro Region

Mr. Spratt said that we have received letters from Chisago and Isanti counties asking to be reassigned from the Central Region to the Metro Region. It is my understanding that this may open the question for this to occur in other places. Mr. Spratt said that this would involve a far greater question (Pandora's box). These counties have a solid argument for change. They have PSA in the metro area. He commented that there will be a question of do we have the right number of regions in the state and other questions. Mr. Spratt said that the grants have been set for the next two years. From an operational level is there anything prohibiting this. The dollars would not change from the central

region to the metro region. This may change other regulatory activities. How does the Executive Committee want to address this?

Mr. Lee said that as a regional representative these counties work closely with the metro region. He said that he has had discussion with other regions and boards. Homeland security has six regions. Mr. Lee said that he overlaps with multiple regions and agencies. This would open up a huge issue. As the regions we are nervous as to what could happen in the future.

Mr. Robinson said that this was initiated by the county commissioners and goes beyond homeland security. We want efficiencies in government. The counties discussed this with their customers. We are aware of the funding issues. They will not gain or lose anything. This will affect the JPA and membership. The merits are clear. The EMSRB sets the membership.

Mr. Robinson said that in the metro region we have one ambulance service that is in the SE region. There are issues with programs, governance and membership. We want to see action on the Northfield question. Mr. Spratt asked if by default that makes them metro region. Is it the home of the license holder?

Mr. Lee asked is this a legislative question. We are defined as regions. We are just starting our two year grant.

Mr. Spratt said that this is not urgent to act on today but we must have this conversation. It is not my intent to rule on this letter. The board needs to have a discussion. Homeland security has six regions. Is there enough change to make this change beneficial?
Mr. Reiten said that hospital regions are different.

Mr. Spratt said that Chisago and Isanti can participate in metro regional planning and discussion. We cannot change the funding in this cycle. We would need to plan for changes two years down the road. Mr. Pearson asked if that this would impact the central region financially.

Mr. Robinson said that the Board has the authority to determine the regions. These two counties want the full change to the regions. The EMSRB determines the boundaries.

Mr. Robinson said that the change to the joint powers are occurring now in the metro region. Mr. Spratt asked how this change would affect the regions. Mr. Robinson said that the board has the authority to designate regions. The board can make whatever changes it wishes at meetings. Ms. Biladeau said that this would change licensing, inspection schedules, and radio communication currently in statute and rule.

Mr. Spratt asked if the metro region would have to accept this. Mr. Snoke said that they are members of committees but cannot vote because they are not part of the designated region.

Mr. Spratt said if we were to do this and if Northfield would become metro and these two counties would come to metro – we could have tremendous shifts. We have equal distribution of funding. This could create disparities in how many counties are in each region.

Mr. Robinson said that 60% of MNSTAR runs occur in the metro region. We have unequal funding now. Our programs are unique in the metro to provide what is needed in our region. Mr. Lee said that we are a 501c 3.

Mr. Hanson asked, is this the intent for all services (324 ambulance services)? Is there a difference in what an advisory council and a metro board wish to do with funding? This could cause more regions to decide to move. We have multiple hospital regions, etc.

Ron said that this is a carryover from the 1970's to continue regional program funding.

Mr. Spratt said that grants could be changed, though I am not suggesting that. We would be walking down a path to discuss our role. The regions are a key component of the board activities. This does not need to be decided today.

Mr. Hanson said that we would not have concern about these two counties that we would want this decided on the merit of the change. This needs further discussion on a board level. If there is an issue for programs in a region there needs to be a discussion with the local board regarding operational issues.

Mr. Pearson said that he has concerns that this would cause disagreements in regions. We do not want battles. The county commissioners are the representatives of the region they need to have discussions with the services in their region. We need to maintain the programs and the money. I do not want to make this change now.

Mr. Lee said that this change will not cause a hardship now but this does open up potential change in the future. Can this wait for the next grant cycle?

Mr. Robinson said that this was initiated by the counties and there is some confusion that I want it stopped. This would be a beneficial alignment in the metro. They will be seeking legal action to make this change and would like to have a decision by December. We do not want to delay this for two years. Mr. Spratt said that the Metro Region has been working on this for two years, but the board has not discussed this yet.

Dr. Fink-Kocken asked if there is a protocol for a change. Ms. Biladeau said she does not have a complete history, but is seeking information. At one time this was a federal grant, but is now supported by seat belt dollars.

Dr. Fink-Kocken said that we need to deal with this request and set a protocol for future decisions. We need to bring this to the full board for discussion.

Mr. Spratt said that we need to consider consistency in our decisions. We want to avoid any legislative action to abolish regional grant dollars.

Mr. Spratt asked for this to be included on the board agenda for November. Dr. Fink-Kocken asked for a report on the history of the regions. Mr. Robinson asked for attorney general involvement in an opinion on this.

Mr. Norlen said that this is from the regional development commissions in the 1970's and related to the federal block grant dollars. MDH determined the regional boundaries. The definition of regions is in the statutes 144E.50. Ms. Biladeau said that this was a MDH decision but there were two counties that were designated differently.

Ms. Biladeau said that the EMSRB can facilitate discussion and invite the chairs of the regions. Mr. Robinson said that he has been authorized to speak on this.

Mr. Spratt asked what effects will this change cause? Mr. Robinson said that this needs to be handled as separate cases. We may need a workgroup for further discussion. Dr. Fink-Kocken said that this will set precedence. Mr. Pearson said that the board generally approves what is recommended by the Executive Committee.

Mr. Snoke asked if this has been handled or discussed by other state agencies.

Mr. Spratt said that the Executive Committee will not be making a recommendation to the board. We need a firm plan and discussion at the board level. Mr. Pearson offered to work on a workgroup for this discussion.

XI. Other Business

2012 meeting schedule

Mr. Spratt asked if this is the same number of meetings and same locations.

Mr. Lee pointed out a conflict between the Arrowhead Conference and the January board meeting. Mr. Spratt suggested the January meeting be moved to January 26.

Dr. Fink-Kocken said if the September meeting would be changed it would be September 7 in Alexandria, in coordination with the medical directors meeting. Mr. Robinson said that this encourages public participation.

Mr. Spratt suggested bringing the revised schedule forward to the board meeting for vote.

Legislative Discussion

Ms. Biladeau provided the proposed language for 2012 and she referred to 144E for comparison. There are two changes, page 4 line 4 – the National EMS Education Standards – The major change in the language relates to the education standards and there are also housekeeping changes. The majority of the language is the same as what the board agreed to last year and the Legislative Committee recommended moving forward. I discussed this with the Legislative Committee chair. The Legislative Committee decided to take out the words “scope of practice” to keep the language clean. Page 6, line 6, again takes out the words “scope of practice”.

Ms. Biladeau said that another change would be on page 16 with the advice of Representative Quam and Senator Hoffman to change subdivision 10 to remove lines 16.3 to 16.23. This language is related to the work done by the complaint review panel. This would give more access to review the investigation materials for egregious cases.

Ms. Biladeau said our goal is to pass the education standards. The education standards change is driven by the National Highway and Traffic Safety Administration and the National Registry provides the test. The last update to the standards was 17 years ago. We do not have the money to write standards or validate a state test. The new standards will be competency based.

Mr. Lee said that at the MDSAC meeting it was suggested that ambulance services would be required to carry tourniquets. Where should this be added? This was to be brought to the board. Mr. Norlen said that this would need to be added in the required equipment list 144E.03. Mr. Lee asked if this needs to be added to the proposed legislation.

Ms. Biladeau referred to page 13 line 31 to change it to read correctly “narcotic law”.

Mr. Spratt suggested that the Executive Committee move to approve these changes.

Ms. Biladeau said that she had one more change to discuss. She referred to page 5 – what is the intent of this language? Should it be to have only a First Responder or First Responder or above?

Mr. Snoke said that historically this is first responder as opposed to fire department ambulance responder. Ms. Consie is the fire department first responder – but has paramedic status. The correct language would be a representative of a first responder agency. Pam said that the definition of First Responder has changed.

Mr. Reiten suggested the term first response agency. Mr. Snoke said that we define First Responder in statute. If the intent is to represent non-ambulance agencies then we need to change the wording to be clear. Mr. Snoke suggested adoption of Mr. Reiten’s language to read and serves on a first response non transport agency.

Ms. Biladeau asked do we want to make this change.

Mr. Pearson suggested using the standard language and adding “on or within a non-transport agency or a non-licensed agency”.

Ms. Biladeau asked for a discussion about specialized transport (page 8 line 22). Is this the intent for specialized life support? When it is a responding nurse we want them to be an EMT. Mr. Lee said the RN is responsible for the IV. Mr. Pearson said that they need to be an EMT if they are an RN. Mr. Norlen clarified that this is not 911 response.

XII. Adjourn

Mr. Lee moved to adjourn. Mr. Pearson seconded. Motion carried.